

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Spring Forward Learning Center - 5K Run/Walk
Date: January 8, 2016



Attached is an application, letter and route map from the Spring Forward Learning Center. They are requesting permission to hold a 5K Run/Walk on Saturday, April 9, 2016 from 9:00 am to 10:30 am. Registration for the race is from 7:30 am to 8:45 am. The 5K Run/Walk will begin and end at Sunset Park. It is noted that prior to the 5K, and beginning at 8:00 am, there will be two races for children, which will be approximately one-tenth of a mile and will be contained to the bike path.

The Spring Forward Learning Center's 5K race route includes crossing 18th Avenue to the bike path and utilization of portions of Mill Street.

The Spring Forward Learning Center will be working with the Police Department for traffic control. It is noted that the Spring Forward Learning Center has notified and received permission from the Rock Island Parks and Recreation Department for utilization of Sunset Park and the bike path.

This is a fundraising event to help support the Spring Forward Learning Center's afterschool tutoring program. The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the event for the Spring Forward Learning Center.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
Spring Forward Learning Center	2101 6th Avenue	Rock Island	IL	61201
TELEPHONE NO.				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
Jaymie Schuldt	2101 6th Avenue	Rock Island	IL	61201
TELEPHONE NO. (309) 793-5900 ext. 257				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run <input checked="" type="checkbox"/>	Walk <input checked="" type="checkbox"/>	March	Bicycle Ride	Other (specify below)
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Spring Forward Learning Center's 4th annual Lids for Kids 5K Run/Walk

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
04/09/2016	8:00 am	10:30 am
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
04/09/2016	6:00 am	12:30 pm

Estimated number of: (Place Number in Appropriate Box)

Participants: 300	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
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CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: 0 _____

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402

Tail car provided by sponsor: Yes No _____

Ambulance/first aid provided by sponsor: Yes _____ No

Route for Activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved? Yes No _____ Unknown _____

Identify State-owned streets, if known. 18th Avenue and Mill Street _____

Does sponsor provide barricades? Yes _____ No

Are barricades required from City? Yes _____ No Qty _____

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the city of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

Notification to Residents: In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.

Note: The sponsor notification form for any new event/route is available in the City Clerk's office.

A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

Quymie O. Schudt
Signature of Applicant

01/06/2016
Date of Application

CITY OF ROCK ISLAND
LICENSE APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

City Council Approval Date

City Clerk Approval Date

Route Map and/or Information Included
✓

Insurance Information Included
✓

License Number

License Printed Date

License Delivery Date

Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010



To Whom It May Concern,

Spring Forward Learning Center (SFLC) is a nonprofit organization that provides free after-school tutoring and mentoring to youth in the Rock Island-Milan School District. Spring Forward's purpose is to provide children with a safe after school environment where children receive literacy instruction, homework help, and nourishment.

SFLC will host its 4th annual Lids for Kids 5K at Sunset Park in Rock Island, Illinois. At 6:00am on Saturday April 9, 2016, SFLC staff and volunteers will begin setting up at Sunset Park (registration table, water stands, cones, etc.). Race day registration will be from 7:30am-8:45am. The race itself will begin at 9:00am and runners and walkers will complete the course no later than 10:30am. In addition to the 5K there will also be a children's races that begin at 8am. Each children's race will be a quarter mile and split up into varying age groups. The children races will conclude prior to the start of the 5K.

There will be cones and volunteers to guide participants throughout the course and police will be present at certain street intersections (18th Ave. & Mill St.). There will be a water station for participants after mile 1 and 2.

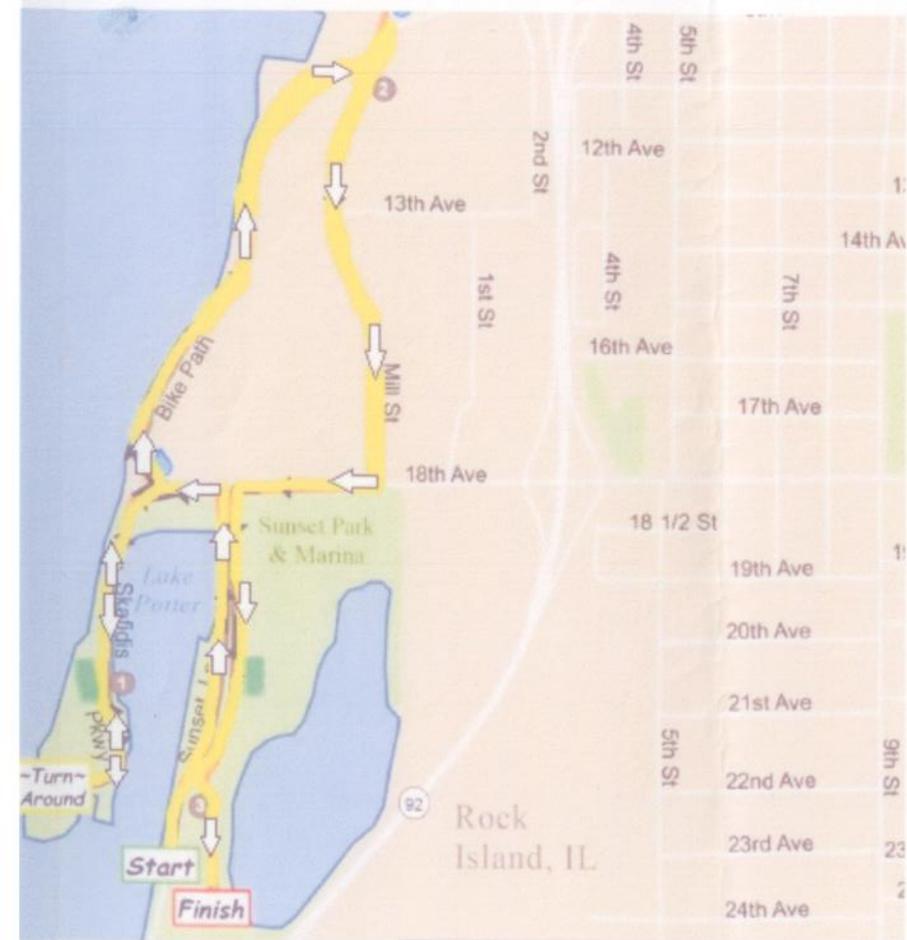
After participants have completed the course, they will be offered refreshments at the main shelter. Event will conclude at 12:00pm and staff and volunteers will begin tear-down.

SFLC's goal is to have 300 participants involved in the event, thus raising enough money to ensure that our services remain at no cost to the students and families that we serve.

Thank you,

A handwritten signature in black ink that reads 'Jaymie Schuldt'. The signature is written in a cursive, flowing style.

Jaymie Schuldt
Development Director



5k begins on Sunset Lane then makes a left out of the entrance onto 18th Ave. The course then turns left again down the 2nd entrance ramp alongside the marina. The patch continues down this road until the turnaround at the end of the parkway.

After the turnaround the path follows the same road, continues up the ramp entrance, crosses 18th Ave. and enters the bike path. The course follows the bike path until the turnaround at 6th Ave., shortly before mile 2.

After the turn around, the course continues onto Mill St. and then veers right onto 18th Ave. and then a left at the park entrance on the bike path. The course finishes on the bike path near the main shelter.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Cathy J Dupuis PHONE (A/C, No, Ext): 1-800-554-2642 Option 1 E-MAIL ADDRESS: cs2@churchmutual.com	FAX (A/C, No): 855-264-2329
	INSURER(S) AFFORDING COVERAGE	
INSURED SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND IL 61201-8909	INSURER A: Church Mutual Insurance Company NAIC # 18767	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		0234350-02-604643	08/15/2013	08/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Liability Insurance for a 5K Run/Walk on April 9, 2016 at Sunset Park, 18th Avenue and 31st Avenue, Rock Island, IL 61201. Commercial General Liability Additional Insured = City of Rock Island, subject to the coverage provided by the referenced policy. SRAP 510 - A220.

CERTIFICATE HOLDER CITY OF ROCK ISLAND 1528 3RD AVE ROCK ISLAND IL 61201-8612	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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